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PTO/ISB-21 (08-03)

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing.)

Total Number of Pages in This Submission	11	Application Number	09/657,985
		Filing Date	September 8, 2000
		First Named Inventor	Yuzhi QU
		Art Unit	1751
		Examiner Name	D. Hamlin

RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
10-29-2003
GROUP 1700**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form, submitted in duplicate (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (7 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Pirm or Individual name	MORRISON & FOERSTER LLP E. Thomas Wheelock - 28,825	Customer No. 25226
Signature		
Date	October 1, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV336829723US, in an envelope addressed to: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 2, 2003

Signature:

(Tamara Alcaraz)



(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual review.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number 03-1952
 Deposit Account Name Morrison & Foerster LLP

The Director is authorized to: (check all that apply)

Change fees indicated below Credit any overpayments
 Change any additional fees(s) during the pendency of this application
 Change fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEES CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee				
1002 340	2002 170	Design filing fee				
1003 530	2003 260	Plant filing fee				
1004 770	2004 385	Reissue filing fee				
1006 160	2006 80	Provisional filing fee				
SUBTOTAL (1) (\$)		000				

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	10	-20% =	0	+ 9	= 0.00	Fee from Extra Claims	Fee Paid
Independent Claims	2	-33% =	0	+ 43	= 0.00		
Multiple Inventor				145	= 0.00		

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 68	2201 43	Independent claims in excess of 3
1203 230	2203 145	Multiple dependent claim, if not paid over original patent
1204 85	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		0.00

** or number previously paid, if greater. For Reissues: see above

Complete if Known	
Application Number	09/657,985
Filing Date	September 8, 2000
First Named Inventor	Yuzhi QU
Examiner Name	D. Hamlin
Art Unit	1751
Attorney Docket No.	458172000100

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GROUP 1700

FEES CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,450	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,205	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 166	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 510	2452 55	Petition to revive - unavoidable	
1453 1,380	2463 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or release)	
1502 480	2602 240	Design issue fee	
1503 640	2603 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1605 180	1808 180	Submission of Information Disclosure Stmt	
1802 40	2802 40	Recording each patent assignment per property (times number of assignees)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(b))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)		55.00	

SUBMITTED BY

Name (Print/Type)	E. Thomas Wheelock	Registration No.	28,825	(Complete if applicable)
Signature	T. Thomas Wheelock	Attorney/Agent		Telephone (650) 813-5739

Date October 1, 2003